

## Foster Family Home - Corrective Action Report

Provider ID: 1-564189

Home Name: Betty Rumbaoa, CNA

Review ID: 1-564189-5

91-1020 Nihopeku Street

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 10/4/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 10/4/19.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

*Maribel Nakamine, Ke*

Compliance Manager

*10/4/19*

Date

*Betty T. Rumbaoa*

Primary Care Giver

*10/4/19*

Date